

**USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.**U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 04-303 ERIE
DEFENDANT LARRY W. LAFFERTY AND BETH A. LAFFERTY	TYPE OF PROCESS SUMMONS/COMPLAINT

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 BETH A. LAFFERTY  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 4230 SOUTH WASHINGTON STREET, NORTH EAST, PA 16428

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

THE BERNSTEIN LAW FIRM  
 2200 GULF TOWER  
 PITTSBURGH, PA 15219  
 LORI A. GIBSON

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FBI

Fold

PLEASE POST THE ABOVE PROPERTY PER THE COURT ORDER ATTACHED ON OR BEFORE APRIL 9, 2006.

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 412-456-8100	DATE 3-8-06
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 68	District to Serve 68	Signature of Authorized USMS Deputy or Clerk 	Date 3/9/06
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 4/7/06	Time 3:00	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

Service Fee 45.00	Total Mileage Charges including (videotape) 10.00	Forwarding Fee 	Total Charges 63.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: TOLIE 3-15-06

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
 Rev. 12/15/80  
 Automated 01/00